POLICIES FOR *HEALTH*

of school-age children in Louisiana

ISSUED BY

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BULLETIN 694

POLICIES FOR THE HEALTH
of
SCHOOL AGE CHILDREN IN LOUISIANA

Prepared by

Louisiana . SCHOOL HEALTH POLICIES COMMITTEE

Issued Jointly by

LOUISIANA STATE DEPARTMENTS OF
EDUCATION AND HEALTH

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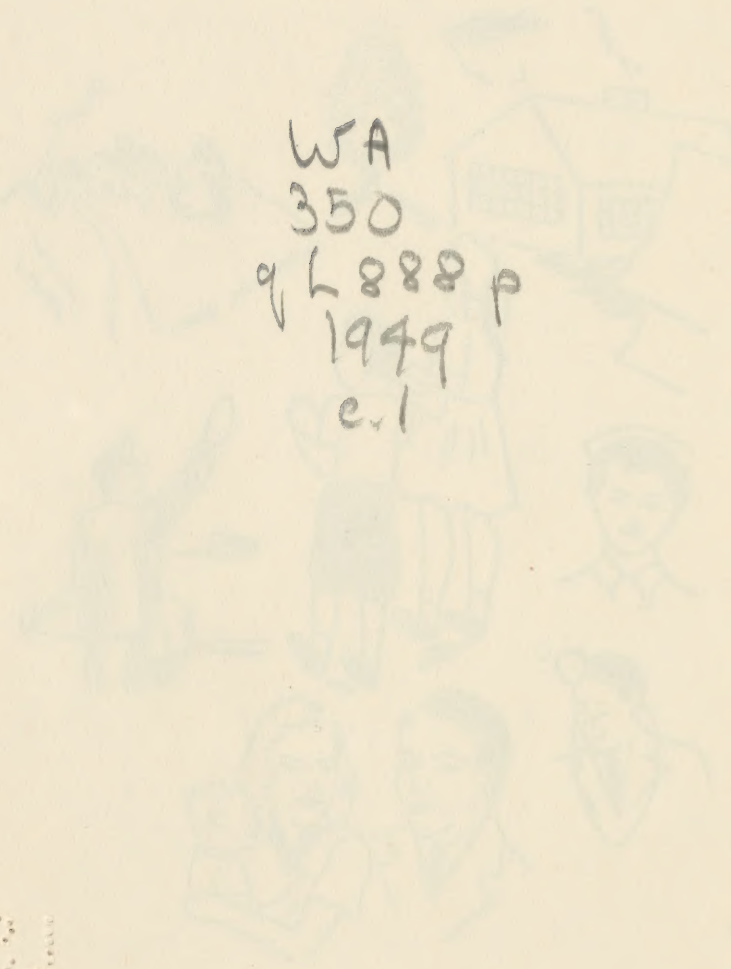

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FOREWORD

The health of our children is a major concern of the state departments of health, education, public welfare, and of the state medical and dental societies. We believe that our services in promoting and maintaining the health of school-age children will be more effective if we plan and work together.

Policies outlined in this bulletin are planned to coordinate our services so as to make full and efficient use of all available facilities. We hope that teachers, principals, visiting teachers, and public health personnel will find these policies helpful in the further development of a coordinated school health program at the local and state level.

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PREFACE

We, who work with school age children in Louisiana, have been aware of the need for a mutual understanding of how we could best give our services to the protection of their health.

After working together in many ways for nearly five years, leaders from the several agencies recognized the necessity of formulating some written policies which would give direction to our services. It was decided that such policies would best serve that purpose if the persons who would ultimately use them were invited to participate in their formulation. Therefore, an official School Health Policies Committee was organized in October, 1948. The committee met six times during the past school year and during the interim subcommittees worked with many persons representing many groups to write and rewrite the sections in this bulletin. Thus, these policies are not statements of any one agency or any one organization, but rather they are statements of all official and many lay and civic groups concerned with the health of Louisiana's children.

The policies presented in this bulletin are products of the School Health Policies Committee representing the principal educational, public health, public welfare and nursing organizations, and the state medical and dental societies. In many respects, it has been a pioneer undertaking, for it is the first time that a state-wide group has attempted to reach unanimous agreement on policies. The report of the National committee on school health policies has been used as a guide.[1] All members of the group have participated in the review, revision, and approval of each policy, and no part has been retained without complete consent of the entire committtee. This procedure of working and thinking together should have an important bearing upon the general acceptance and use of the bulletin.

The interest and efforts of the individuals have been sustained throughout the period of preparation of this bulletin by their conviction that it constitutes an important contribution to the health of children in Louisiana. It is not practical to mention all who have made contributions to this project, but it is hoped that each will accept this statement as an expression of appreciation for the help given.

Acknowledgments are made to the following persons who assisted in the preparation of different sections of this bulletin:

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[1] Suggested *School Health Policies*, Health Education Council, 10 Downing Street, New York 14, New York, September, 1946

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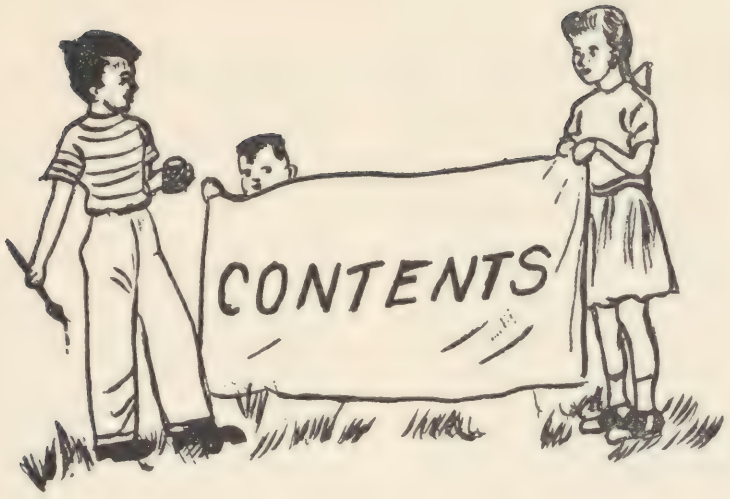
Because sixty-one nations in the World Health Organization have accepted an official definition of health, it is quoted here so as to remind us all of its broad and far-reaching concept:

"Health is a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity."

It was with the challenges implied by this definition of health that the committee has developed the policies for services to children in Louisiana.

Respectfully submitted,

MARION SOUZA, *Chairman*
School Health Policies Committee



INTRODUCTION

General Policies

An effectively organized and administered program of health for school children is a reflection of sound, clearly defined and functional school policies regarding health. The purpose of this publication is to provide a clear, comprehensive statement of such policies. It is believed that the adoption and use of these policies by elementary and secondary schools will improve the health status of children in the school, the home, and the community.

In general, these statements are addressed to all individuals and groups concerned with the health of school-age children. Specifically, the publication is intended for use by those persons who help plan or administer programs which affect the health of children.

It is recommended that the following persons make full use of this bulletin:

1. School administrators (superintendents, principals, supervisors, school lunch personnel, and visiting teachers) of public, private and parochial schools including nursery schools, kindergartens, elementary and high schools.
2. Health officers, public health nurses, sanitarians, and other public health personnel.
3. Teachers — especially elementary teachers, health and physical education teachers and home economics teachers.
4. Physicians.
5. Dentists.
6. Psychologists and psychiatrists.
7. Health educators, counselors, or coordinators.
8. Social and welfare workers.
9. School lunch room managers.
10. Nutritionists.
11. Members of boards of education, health and welfare.
12. Parents
13. Students of education, medicine, nursing, dentistry, nutrition, and public health.
14. Members of civic and lay organization.

School Policies

Every school has tremendous opportunities to promote the health of its pupils and of its community. If a school is to make the greatest possible contribution to the continuing health and welfare of its pupils, it should establish workable policies, preferably in written form, to assure its pupils of (1) healthful school living conditions; (2) appropriate health instruction integrated in the total educational program; (3) adequate or superior services for health protection and improvement; (4) healthful physical education; and especially (5) teachers and other school personnel with up-to-date preparation so that they are well qualified for their special health responsibilities. Some policies for the education and care of exceptional children are equally essential.

School-Community Policies

Schools alone, however, cannot enable children to attain all the desirable goals of individual and community health. A community has a direct responsibility for the health of its children. Considering the diverse and continuing efforts that must be made to satisfy the health needs of children, it is fortunate that in Louisiana there are many persons and groups, in addition to school and health personnel, who are greatly interested and active in promoting health.

Parents have the primary responsibility for the health of their children. Physicians, dentists, nutritionists, nurses, health officers, social and welfare workers and their official organizations, such as the Louisiana state medical and dental societies; state and local health departments; state nurses association and the state organization for public health nursing; voluntary health agencies; and state and local departments of public welfare, as well as school personnel and the state department of education, all are concerned with health activities of children in the state and in communities.

Cooperation is the keynote essential to the coordination of the efforts of these many organizations and concerned with the health of school-age children. Only in this way can schools and communities develop effective programs of health education and health care. Furthermore, cooperation in thinking and in planning will help to avoid false emphasis on one phase of the health program for school children while other equally vital needs are neglected.

The School Health Committee

One of the effective ways to bring about cooperative action is through a school health committee. *Every school should establish its own school health committee.* Organized on democratic and representative principles, under the authority of the principal of the school, the health committee provides a simple, orderly, and convenient administrative mechanism for determining and implementing school health policies in the light of local needs. Experience in many schools where such committees are now quietly and successfully functioning has demonstrated their usefulness to the school administrator as well as their value to the children and the community.

The school health committee should be as comprehensive and representative as possible. Details of organization and operation of each committee—its membership, frequency of meetings, scope of authority, program and the like—need follow no pre-ordained pattern and can be best determined to suit the situation in each school.

Initiative for the establishment of the school health committee is the first requisite. In a one-room rural school the school health committee might consist only of the teacher, one interested parent, a local physician or a public health nurse.

In a large school, the school health committee might properly include:

a. The principal
b. A physician, usually the school advisor
c. A nurse, usually a public health nurse
d. A dentist
e. Health educator, health counselor, or health cordinator (if available)
f. Teachers—at least one primary, one elementary and one high-school teacher. Health and physical education teachers, home economics teacher
g. A nutritionist—usually the supervisor of the school lunch program
h. A psychologist—child welfare or psychiatric social worker (if available)
i. Janitor
j. Students, representing study body
k. Parents, representing parent-teacher association
l. Representatives from official or voluntary community health organizations

Parish School Health Council

Every school system should have a parish school health council with appropriate representation from all schools and from all groups interested in school health. The relationship of the parish school health council to each of the individual school health committees must be determined by experience in each community. In general, it is best if the

parish council guides and gives leadership, but leaves each school health committee with considerable autonomy. In a parish health council where the parish or city superintendent of schools and the city or parish health officer meet, the fruitfully cooperative relationships between the school system and the health department can best be worked out.

Other Health Councils

Schools should work with rural health councils or with community health councils wherever they are established, or, where there are none, take leadership in their organization and direction. Experience in communities that have taken steps toward increasingly effective organization for health education points toward the *development of a permanent parish planning committee* or *city or parish health council,* which carries on cooperative studies and gives impetus to the entire community health program. The schools have a responsibility for sharing in community health planning and should participate wholeheartedly in it.

No child should be handicapped because he fails to receive needed health education and care. Through the cooperative efforts of the many professional and civic groups represented in a parish health council, ways can and should be found to provide for the specific health needs of all children.

PROVISIONS FOR HEALTHFUL SCHOOL LIVING

Healthful school living includes the appropriate measures taken by administrators to assure a wholesome environment for students and other school personnel. Briefly, this section deals with the standards for safety and sanitation of the school plant, teacher-pupil relationships as they influence intellectual and emotional growth; organization of classes and learning experiences so as to promote health. In most schools healthful school living requires that a wholesome, nutritious lunch be available.

Standards for Safety and Sanitation

Every school has a responsibility for providing a healthful environment: Physical, social, and emotional. The authority which requires pupils to attend school implies the responsibility to provide an environment as evocative as possible of growth, learning and health. Location of the school should be chosen with a view to ample space for buildings and grounds; to safety from accident hazards, especially traffic hazards; to freedom from noise; to cleanliness; and to the provision of as good drainage as possible. The school should not be at the bottom of the valley or at the top of an exceptionally high hill. There should be appropriate sunshine and shade and, if necessary, shelter from severe winds. The location should be easily accesible, particularly to small children. Attractiveness of surroundings should not be overlooked.

Construction and maintenance of the school building should be in accordance with, or superior to, standards established by law and by official building and health regulations. Important considerations are adequate size; appropriate ventilation; heating; lighting; acoustics; adjustable seats conducive to good posture; attractive decorations, wide halls; stairways of fireproof construction; doors opening outward on automatic safety latches; lavoratories and handwashing facilities should be adequate and accessible and of appropriate size for the children who use them. There should be an ample number (a minimum of one per classroom) of drinking fountains of approved sanitary design[2] (a minimum of one per classroom—no bubbler type fountains). The fountains should be constructed so that the water will pour over at an arch, with protection above the outlet so that pupils cannot suck the water out, and these should always be kept in good working order.

The following paragraph is taken from the State's *Sanitary Code,* and it is recommended that all persons concerned with child health familiarize themselves with this reference:

"All plans and specifications for new school buildings, public and private, hereafter erected in the State of Louisiana, and for major addition and alterations to existing buildings, shall be submitted to the State Board of Health for review and approval; in order that it may be determined if adequate provision is made for the promotion and protection of the health and safety of the school children, teachers, and employees. It shall be unlawful to construct school buildings of any type unless, and until, the plans and specifications therefor have been approved, in writing, by the State Board of Health and the State Department of Education."[3]

Since this code was written, a policy now calls for additional approval of school building plans by the State Fire Marshal and the architect concerned.

[2] *School Health Policies,* Page 11

[3] Sanitary Code, State of Louisiana, Louisiana State Board of Health, Pages 143-149

Some other specifications to be considered are:

1. Rooms should be rectangular and at least 20 square feet per pupil.
2. Window boards should provide air change every hour—air space, 20 cubic feet per pupil.
3. Hot water, steam, or hot air furnaces, or jacketed gas, or wood stoves—stoves installed on metal plate, temperature 68 to 70 degrees Fahrenheit—thermometer placed at nose level of pupils' sitting position
4. Lighting window area—20% to 25% or more floor area, light left of pupil, 15 or more foot candle light for each desk; 10 foot candles in toilet rooms and lunch rooms, and 25 to 40 foot candle light on each desk in sewing room, or where needle work is done.
5. Cellotex, with perforations, is desirable material for ceiling
6. Lavatories: A minimum of one lavatory per classroom, or one per 40 pupils, with soap and individual towels. Handwashing instructions should be provided by the teachers. Students should be able to wash and dry their hands in an approved manner immediately prior to eating in the school lunch room or cafeteria
7. School toilet facilities: One urinal and one commode for each 25 boys; one commode for each 25 girls. It is preferable to have partial partitions between the commodes

"Indoor and outdoor gymnasiums, and outdoor play area with necessary dressing, locker and shower rooms, and—ideally—swimming pool facilities, should be accessible for community use and arranged so that they may be used separately from the rest of the school. Outdoor athletic grounds must have suitable surfaces to avoid lacerating injuries. There should be adequately planned and equipped health service rooms. There should be separate isolation and rest rooms for boys, girls, and teachers. Assemblies, libraries, and other group activity rooms should preferably be located on the ground floor."[4]

Laws for school sanitary facilities can be found in Chapter XV, Sanitary Code, State of Louisiana, a reprint of which may be obtained from the State Department of Health, New Orleans. Standards are frequently found in building codes of state departments of education and in textbooks on sanitation and on school health.

"Housekeeping procedures and the maintenance of safety and sanitary facilities in the building and school grounds should be under constant supervision. In addition, a complete, detailed survey of sanitary conditions and facilities should be made at least once each year. Evaluation of certain aspects of the school health program and written reports, listing recommendations for improvements, should be filed with the principal, superintendent of schools and the health officer and be made available to the public. The individual responsible for sanitary inspections may be the school medical advisor, the school nurse, health officer or sanitary inspector, principal or superintendent."[5]

In Louisiana, the public health sanitarian and the school principal are responsible for evaluating and maintaining a sanitary school environment. The state departments of health and education have prepared a written form to be used in appraising the several aspects of school sanitation.

Promoting Intellectual and Emotional Health

A healthful school environment must be based not only on an adequate physical plant, commendable standards of sanitation, and an accident prevention program, but, also,

[4] *School Health Policies*, Page 11
[5] *Ibid*, Page 12

and probably much more important, upon the intellectual and emotional needs of children. Due consideration must be given to the individual pupil's personal emotions and social background.

One of the most important factors in the promotion of intellectual and emotional health in school children is the personality of the teacher. The kind, firm, friendly but reserved, teacher exerts a favorable effect on the children. The influence of the nagging, domineering or unstable teacher is just the reverse. The same personality considerations hold for other school personnel.

Second in importance only to the personality of the teacher is her knowledge of the processes of human growth and development. Her understanding of these subjects is a necessary preliminary to an appreciation of the intellectual and emotional needs of children. Unless these needs are recognized and understood, it is impossible to meet them, and an environment which has failed to meet these needs cannot be a healthy one.

Finally, methods of instruction play a vital role in the promotion of intellectual and emotional health. Teaching methods must be of such types as to stimulate the intellectual growth of the pupils and at the same time give ample opportunity for the child to experience the healthy confidence and self-satisfaction that follows success. Grouping of children, type of examinations and standards of promotion should all encourage effort up to the maximum of the individual's ability, should not discourage or degrade him, and should serve to develop further his interests, abilities, and self-confidence.

The Health of School Personnel

"A healthful environment requires attention not only to the arrangement of the program within the school day and to student-teacher relationships within the classroom but also to the physical and emotional health of all school personnel.[6]

Children should not be subjected to the hazards of contact with sick adult school personnel or with such personnel who are found to be carriers of communicable diseases. "School boards and superintendents of schools shall be held primarily responsible for the execution and enforcement of the rules and regulations of the state sanitary code pertaining to the schools."[7]

The term adult school personnel is meant to include principals, teachers, supervisors, physicians, nurses, clerks, custodians, secretaries, bus drivers, and all lunch room personnel.

"No person suffering from tuberculosis in a communicable stage, or from any communicable disease shall be employed in any school in this state, public or private."[8]

"The Parish Superintendent of Education or the State Health Officer or his representative may require any school employee to submit to a thorough physical examination including laboratory and other diagnostic tests deemed advisable to determine whether he or she has a communicable disease in an infective state.'[9]

"At the opening of each annual term, school employees must furnish a certificate from a registered physician or a suitable form certifying that they are free from any communicable disease."[10]

The minimum requirements for new employees should include:

1. History of disease experience of the employee including a history of the disease, experience of the immediate family concerning tuberculosis, typhoid fever, and dysentery
2. Chest X-ray
3. Stool examination for presence of typhoid germs, amoeba, and intestinal parasites

[6] *Ibid*, Page 13

[7] Sanitary Code, State of Louisiana, Page 143
[8] *Ibid*, Page 145
[9] *Ibid*
[10] *Ibid*

The minimum requirements for old employees should include:

1. History of disease experience of the employee and family during the summer vacation period concerning tuberculosis, typhoid fever, and dysentery
2. Chest X-ray
3. Stool examination if the disease history of the employee warrants same

The principal should be responsible for inspections of all food handlers (daily) for infections which may result in contamination of food or utensils.

Bus drivers should have included in their annual health certificate information and results of tests which would indicate that they are fit to be entrusted with the safety of the children.

"The health officer shall prohibit the attendance at any public or private school of any person from an infected household until, in his opinion, there is no longer danger of such person carrying infection. He shall notify the superintendent or principal concerned of the existence of such infection."[11] It is the duty of the superintendent or principal to cooperate in this matter with the health officer.

Whenever such circumstances present themselves that mass immunization against a certain disease becomes a desirable procedure in the school, the adult school personnel should be immunized as examples to the children and for protection of themselves and the children. Usually such circumstances relate to small pox vaccination, and in some areas to typhoid vaccination.

School Lunch Programs

Eating school lunch with other children is a part of the child's education for healthful, happy living. The school lunch room should meet both the physical and social needs of growing children. Good nutrition should be a primary objective; profit-making should be prohibited even though outside financial aid may be needed. The school lunch program should be adequately supervised and should utilize all educational opportunities for developing good eating habits among all

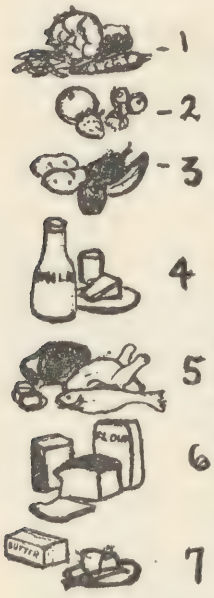
happy living. The school lunch room should meet both the physical and social needs of growing children. Good nutrition should be a primary objective; profit-making should be prohibited even though outside financial aid may be needed. The school lunch program should be adequately supervised and should utilize all educational opportunities for developing good eating habits among all the children and for improving the appreciation of good fellowship. This should be done in close correlation with classroom instruction.

The school lunch room is a "laboratory" wherein the teaching of good eating habits should be practiced. Circumstances surrounding the service of food create within themselves social situations which influence the child. There is social significance in the school lunch program.

Eating places in schools should be pleasant and of ample size. Seating capacity should permit all teachers and pupils, who are in the room at the same time, to eat leisurely a noon meal. The lunch room itself must be supported by adequate kitchen facilities, including proper refrigerating and cooking equipment, storage space, and waste disposal systems. Handwashing facilities for teachers and pupils should of course be provided in the school and should be used immediately before each meal.

All regulations of the health department concerning food and food handlers should be met as a minimum requirement, not only for reason of health but as a matter of individual and community education.

[11] *Ibid*, Page 146



"All schools maintaining lunch rooms for the service of lunches to school children shall comply with the general requirements for public eating places."[12]

It should be stressed that workers with respiratory or skin infections, or disease carriers must not handle other people's food. Volunteer students or part-time workers, who meet the health requirements, may be employed when full-time trained personnel is not available.

"All schools maintaining lunch rooms for the service of lunches to school children shall comply with the general requirements for public eating places."[12]

It should be stressed that workers with respiratory or skin infections, or disease carriers must not handle other people's food. Volunteer students or part-time workers, who meet the health requirements, may be employed when full-time trained personnel is not available.

The responsibility for adequate food service, including menus which provide nutritious, wholesome and attractive meals, rests finally with the principal school administrator. This responsibility is properly delegated to a competent supervisor of lunch rooms, preferably one trained in the science of nutrition as well as skilled in practical management. Where no such person is available within the school system, competent advice should be sought. Recommendations of qualified nutritionists as to menus and management must receive administrative support.

Children need a good breakfast; this is a primary responsibility of the home. Those who do not receive such a breakfast at home, or who are compelled to breakfast unusually early, may need supplementary food at or soon after the opening of school. The mid-morning lunch, if served, should be one which is quickly assimilated and not likely to spoil the appetite for lunch. Whether such a supplementary meal should be served is a matter for local authorities to decide.[13]

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[12] *Ibid*, Page 147

[13] *School Health Policies*, Page 14

HEALTH AND SAFETY INSTRUCTION

The effectiveness of a program of health and safety instruction depends largely upon the quality of school administration and teaching personel. It is the responsibility of the school administration to correlate the health and the safety instruction program with the rest of the school program so that progressive learning will take place without too much overlapping of instruction. Health and safety instruction should be planned for each age group because boys and girls have particular needs, varying interests and potentialities at each stage of growth and development.

Broadly conceived, health and safety instruction should aim to assist the student in acquiring desirable habits, wholesome attitudes, and adequate knowledge relating to individual, family, school and community health and safety. The learning experiences provided to achieve these objectives should be representative of the life experiences of youth and adults. These experiences should serve to guide boys and girls toward intelligent self-direction and community group action for improved individual and group health and welfare.

No one method of incorporating health and safety instruction into the curriculum will suffice; all opportunities for favorably influencing health behavior and for providing an understanding of health should be utilized. The full value of health protection and improvement services are made part of students learning experiences, which increase knowledge, develop desirable attitudes, and influence behavior. Students must recieve a full understanding of the meaning of every health protection or improvement service provided for them in the school, home and community. A well-organized program will give proper emphasis to health instruction in other subject-matter areas.

The teacher's observation record may be blocked into units for classroom instruction. The findings from screening devices, medical and dental examinations and other tests provide a rich source of valid information. These data should serve as the basis for planning health instruction and for individual health counseling and guidance.

Visual aids, textbooks, and other instructional materials should be thoughtfully selected. Suggested criteria for their selection are:

1. The material should fit into the total education program in which it is to be used, at either the state or local level and be in accord with the educational philosophy on which the program is based.
2. It should meet definite needs in the educational program, such as arousing interest, motivating desirable health behavior and providing authentic information.
3. It should be concerned with problems pertinent to the individual, the home, the school and the community.
4. It should deal with an environment familiar to the user.
5. The material should be prepared by a person well qualified in the field.
6. The material should be set up in an attractive and interesting manner.
7. The material should be written in a style appropriate for the subject matter and for the readers for whom intended.
8. The subject matter should be: Accurate, authoritative and up to date; specific; suitable and desirable for the

age group for which planned; and helpful in developing the knowledges and skills for which it is designed.

9. The material should be considered in relation to other materials on the same topic.

Selection of commercially sponsored materials presents some special problems. This matter is very well covered in a series of three official reports which appear in the February, 1949, issue, page 74, of the *Journal of the American Association for Health, Physical Education and Recreation.*

Surveys, expressed interests of students, and statistics are sources of valid information of a locality. The use of this type of instructional material should enrich, extend, and individualize the instructional program. Tentative guides for teaching health and safety in elementary and secondary schools should be adapted to local needs and interests, and the capacities of students in each school.

Health and Safety Instruction in the Elementary School

Health instruction in the elementary school is the classroom teacher's responsibility. In the elementary school, health and safety teaching represents a technique of living rather than a subject in the curriculum. Health instruction experiences center primarily around the child himself and his associations at home, at school, or in the community.

The alert, interested teacher of six, seven and eight year old children utilizes the daily experiences of children for health and safe behavior, encourages the practice of desirable health habits, stimulates appropriate health attitudes, and helps the child to develop an understanding of his environment as it affects his own health and safety and the welfare of others.

Children from nine to twelve years of age should have a progressive program of health and safety instruction with materials and experiences adapted to their levels of interest and comprehension. At these ages, the approach to health instruction should include more actual health knowledge indicating why persons should act in a prescribed way, and show how intelligent persons meet new and changing conditions in a satisfactory manner. At this time, a wider variety of activities and projects should be introduced, with children given the opportunity to assist in planning and executing these activities.

The amount of time needed for health and safety instruction in elementary schools cannot be determined arbitrarily since the needs and interests of pupils vary. The administrator and the teacher should see that whatever time is necessary for furthering the health of pupils is available and used. Since health is considered one of the first objectives of education, the amount of time allotted to health instruction should at least equal that devoted to any other major area of the curriculum. Part of the time allotted can be in correlation with other subjects.[14]

Health and Safety Instruction in the Secondary School

Special provisions must be made for the development of the health and safety instruction program in the secondary schools throughout the state. At the secondary school level, the planing of health instruction becomes complicated by many conditions peculiar to the secondary schools. One of these is the departmentalization of instruction which is apt to make teachers subject-minded rather than student-minded. There is a growing tendency, however, to center attention on the needs of students and to expect each teacher to be interested in students as individuals.

"Another factor which complicates instruction in high schools is the number of subjects which offer valuable opportunities for supplementing the instruction given in

[14] *School Health Policies,* Page 16

specific health courses. Science courses, both physical and biological; social studies; industrial arts; home economics; and physical education are among the subjects which have significant contributions to make. The relationships of these areas to health require that each high school coordinate its various departmental programs in order that they may appropriately supplement specific health courses and at the same time avoid undesirable duplication.[15] The *School Health Committee* should serve as a "valuable channel for coordinating health instruction, for relating classroom instruction to the work of health specialists, and for insuring that the overall content reflects the health needs of the students and community."[16]

In broad terms, the health instruction program in secondary schools deals with the present and anticipated needs of girls and boys. It includes individual, family and community hygiene and sanitation, knowledge of the force of hereditary and environmental factors which affect health and safety, preparation for marriage and parenthood, and the relation of work and leisure to well-being. More specifically, the type of health instruction in secondary schools should relate to acceptable and satisfactory adjustments to body changes, an understanding of growth and development of the sexes, an appreciation of the need for wholesome attitudes relating to sex behavior, scientific knowledge concerning self-medication and superstitions, the place of medicine, dentistry, and governmental agencies in protecting the health of all age groups, the importance of good housing and working conditions, and the need to develop sound leisure habits and skills, and the relation of health to social security.

As in elementary schools there must here also be well-defined administrative policies to develop an effective program of health instruction. Health courses should be placed on par with courses in other areas of instruction. This indicates a *daily period* for one semester in the ninth or tenth grades and a *daily period* for one semester in the eleventh or twelfth grades. It also indicates a favorable hour in the school schedule. It also indicates credit toward graduation. Health classes should be given in regular classrooms with classes comparable in size to those in other subject-matter areas. Wherever possible, health courses should be given by teachers with special preparation in health education. If such teachers are required to teach some other subject area, they should be certified in that area. "Schools should make every effort to see that health instruction is given by teachers fully prepared and qualified; it should not be regarded as an incidental subject to be relegated to any teacher who has a light teaching load or a conveniently free period."[17]

Approved methods of instruction follow the principles of general education with the use of practical activities and problems, discussions, reading and study assignments, special lectures, excursions into the community, and the example set by the teacher.

Health texts have a distinct place in the program. They should be used to supplement the course of study prepared in the local school or to serve as a guide in determining the essentials of health instruction.

Continuous observation of student behavior by school personnel provides tangible evidence for evaluating the results of instruction.

School Participation in Community Health Education

"The health of pupils requires that they be properly cared for at home. Intelligent home care and intelligent school care should supplement each other.

The need for parental health education is great, for too often parents' knowledge about the health care of children is woefully lim-

[15] *Ibid*, Page 17
[16] *Ibid*
[17] *Ibid*

ited and not up-to-date. Direct contact between parents and school should be encouraged for the solution of health problems."[18] The school should accept the responsibility of scheduling such activities as educational films, luncheons or banquets and various other such programs especially for the parents. This would not only give the parents added health knowledge but would give teachers an opportunity to meet and discuss with the parents the childs' individual needs.

"Parental health education is a part of a broad program of community health education. Schools should cooperate with other community agencies in planning and conducting a program of health education which reaches all adults. Such programs should be concerned with helping adults:

1. To discover community health problems and, with guidance, develop plans to cope with these problems.
2. To understand the health needs of children and how to meet them.
3. To study and understand school health programs and to participate in them.
4. To add to their own health knowledge.

The initiative for a community health education program may come from the schools, health department or other community agency. If it does not come from other agencies then the school should definitely take the initiative. The final program, however, should result from cooperative planning and a sharing of resources as regards personnel facilities and equipment."[19]

[18] *Ibid*
[19] *Ibid*, Page 18

SERVICES FOR HEALTH PROTECTION AND IMPROVEMENT

Many activities in the school can be organized for and directed at the improvement and protection of the health of the students and school personnel. Health services, health guidance and health protection require the combined and cooperative efforts of teachers, physicians, dentists, psychologists, nurses, administrators, parents, and others. A comprehensive plan should include a determination of the health status, prevention and control of communicable disease, caring for emergencies, whether resulting from sickness or injury, and health counseling among students and school personnel.

The full value of health protection and improvement services is not realized unless the services are made part of the student's learning experience. Every effort should be made to develop in students a full understanding of the meaning of every health protection or improvement service provided for them. Classroom teachers, for example, should, by discussion, prepare their pupils to understand—and not to fear—the medical examination given by the school medical advisor or other physician. Thus it follows that the success of a school health service program should be gauged by its contribution to students' health education as well as its direct value in protecting and promoting health.

Emphasis must be given to the fundamental role of the teacher in the school health service program. In addition to elaborating the lessons implicit in the service program, the teacher is often in the best position to know which children are in immediate need of the specialized services of the nurse, nutritionist, dental hygienist, psychologist, guidance counselor, dentist or physician.[20]

In the following paragraphs there are listed and described some of the policies which are to serve as a basis for health protection and improvement services in the schools of Louisiana.

Care of Emergencies

Every school should have a clearly defined written set of administrative procedures for the care of emergencies. These procedures, approved by the Board of Education, should observe legal provisions relating to liability of the school. In case of accident or sudden sickness, the school has responsibility for: (1) rendering immediate or emergency care; (2) notifying parents of the illness of the pupil; (3) arranging for the transportation of the child; (4) guiding parents, if necessary, to sources of treatment.[21]

There should be available at all times during the school hours an adequate number of individuals trained in the care of emergencies. First aid will be rendered by the nurse if she is available, otherwise by a teacher who has previously been assigned responsibility for such an unexpected development. In the event of accident or illness the school should immediately notify the parents. The pupil's physician, whose name and address should be recorded on the pupil's health record, will be summoned on direction of the parents. In the event that this is impossible, the school medical adviser shall be called (or any other physician easily and quickly obtained or an ambulance); but the service of a physician so summoned should be limited to the immediate emergency care that is needed.

[20] *School Health Policies*, Page 19

[21] *Ibid*

First aid supplies should be available and accessible at all times. First aid equipment which must be available at all times should include: one- and two-inch gauze bandage; applicators; scissors; thermometer, alcohol, cotton, plain band-aids, plain sterile gauze 3″ x 3″; adhesive tape; sterile vaseline (for burns); sanitary pads; and, aromatic spirits of ammonia.

School personnel should not exceed the usual practice of competent first aid in the care of any unexpected illness or accident.

Medications will not be administered.

In rare instances when the emergency is so grave as to suggest the need for immediate hospital care, the help of a public institution or hospital will be sought at once.

No child will be sent home unaccompanied by a responsible adult.

Prevention and Control of Communicable Disease*

A school's policies for the prevention and control of communicable disease should be based on the most modern and authoritative public health practices and Sanitary Code of the State of Louisiana.

Obviously a pupil with a communicable disease at a stage when it may be a menace to others should not be in school. The school's chief problem in the control of communicable disease lies in the fact that in instances such diseases are not discovered in school until after there has been ample opportunity for infection of other children. In the final analysis, the school's greatest opportunity for preventing spread of communicable disease is in cooperating with programs of other community agencies.[22]

The school's chief responsibilities in the control of communicable diseases are to: (1) encourage parents to make full use of all available preventive measures; (2) educate pupils and parents in the wisdom of sick children remaining at home; (3) instruct teachers and other personnel in the prompt recognition of a sick child; (4) arrange to return home children who are sick on arrival at school or become sick while at school.

Special Health Problems

Schools have special opportunities to cooperate in the prevention and control of diseases, or groups of diseases; namely, the common cold, tuberculosis, venereal diseases, rheumatic fever, and hookworm and other intestinal parasites.

1. The *common cold* presents a special problem. A mild, highly contagious disease which in its vague symptomatology simulates the early manifestations of many more serious diseases. There is no acceptable proven method of preventing or treating colds. It is the consensus, however, that rest in bed during the early stage may minimize the duration and severity of a cold.

It is difficult to exclude from school every pupil who has the signs and symptoms of the common cold, yet some measure of control should be adopted. Emphasis should be placed on keeping pupils at home during the early, more contagious period and throughout severe colds, characterized by cough and fever, since these are often the earliest symptoms of whooping cough, measles, and many other infectious diseases.

2. *Tuberculosis* is still one of the leading causes of death in the 15 to 20 age group. The school can be of special help in the eradication of this disease: (1) through education of pupils concerning the nature of this disease; (2) through cooperation in case-finding. Every child should be thoroughly informed concerning the cause of tuberculosis, the way it spreads, the methods available for its prevention and control, and the

* Communicable diseases vary in incidence and importance in different localities. Among the more common communicable diseases with which a school might have to contend are: enteric infections, common cold, chicken pox, diphtheria, hookworm disease and other intestinal parasites, impetigo contagiosa, scabries, poliomyelitis (infantile paralysis), influenza, measles, mumps, pneumonia, ringworm, scarlet fever, septic sore throat, stomatitis (trench mouth), tuberculois, and whooping cough.

[22] *Ibid*, Page 21

organization of community efforts to control it. Activities in the school in the control of tuberculosis should be a part of the community program.

3. *Venereal disease* has its highest incidence in the late 'teens. Syphilis and gonorrhea are communicable diseases practically always spread by person to person contact. Organized education has a responsibility for dissemination of information concerning these diseases and thus aiding in their prevention.[23]

4. *Rheumatic fever* is recognized as one of the most serious diseases with which children of school age may be afflicted. The symptoms of this disease are many and vague, and its diagnosis may often tax the acumen of skilled physicians. Its effect on the heart are its most serious phase. The best known way of preventing permanent heart damage during the acute and convalescent periods is: (a) adequate medical care; (b) bed rest; (c) adherence to physician's advice relating to physical activities at school.

The school's attack on rheumatic fever should include:

(a) Referring for medical examination:
  (1) Those giving a personal or family history of rheumatic fever.
  (2) Those with the suggestive early symptoms of rheumatic fever, such as failure to gain weight or loss of weight, pallor, irritability, poor appetite, repeated colds and sore throats, unexplained nosebleeds, and muscle or joint pains.

(b) Careful observation of the *known rheumatic child* for signs or symptoms of recurrence and protection against respiratory infections.

A close liaison should exist between the school and whoever is exercising medical supervision of the rheumatic child. It is essential that the school authorities be kept correctly informed as to the current status of a particular rheumatic child, the modification of activity which has been recommended and the signs or symptoms which might indicate a flare-up of the rheumatic process.

5. *Hookworm and other intestinal parasites*

Hookworm infection is primarily a rural disease and is inversely related to the extent of sanitary execreta disposal in the area. Other intestinal parasites such as ascaris (round worm) and pinworms are found among both rural and urban children and are directly related to the personal hygiene practices of the children and their families. Schools can aid in the control of these diseases by: (a) providing sanitary means such as toilets and handwashing facilities for all the children in all schools; (b) teaching children the life history of these parasites and hygienic measures available for their control and prevention; (c) cooperating in control of the program developed by the health department with participation of local physicians.

Specific Preventive Measures

Immunization. Since immunity to certain comumnicable diseases *can* be developed through the use of vaccines and toxoids, the schools should assume responsibility for educating parents and students regarding the value of such measures.

Smallpox. Vaccination is a safe, effective, scientifically proven method of preventing smallpox. A school is right in encouraging the vaccination of every new pupil. Furthermore, the school may properly assist in community efforts to make universal the use of the specific preventive. *Vaccination is preferable before the age of one year and it should be repeated when entering school.*

Diphtheria, Tetanus and Pertussis (Whooping Cough). Immunity to these diseases can be produced by injections of diphtheria toxoid, tetanus toxoid, and pertussis vaccine. Immunization is most desirable during the early part of the first year of

[23] *Ibid*, Page 25

life and should be stimulated by "booster" injections at 2 and 6 years of age. Booster injections of tetanus toxoid should be administered when certain types of injury occur.

Recommended schedules for immunization against these and other disease are given in detail in memoranda issued by the Louisiana State Department of Health.

Health Counseling and Determination of Health Needs

"Health counseling describes the planned cooperative effort on the part of the teachers, nurses, physicians, nutritionists, psychologists, dentists and others to discover the health needs and health problems of students and to help them and their families find ways of meeting the needs and solving the problems. Determining health needs and problems involves the use of teacher observations, screening tests,"[24] teacher-nurse conferences, medical and other special examinations.

Cumulative health records

As part of its program of health counseling, each school should keep convenient, accurate, and up-to-date health records of every student. Insofar as these records may include confidential disclosures or findings, they should be kept confidential. Whatever record-keeping system is devised, and however the individual records are statistically summarized, they should be cumulative and progressive throughout the student's school life. Records of absence because of illness are a part of the health record.[25]

Teacher's observation

Teachers should observe students every day with sufficient carefulness to *suspect* when they are in need of medical examination or other professional attention. They should pay special attention to any unusual appearance or change in behavior. They should observe the nutritional state, lack of vitality or listlessness, the color of the skin and mucous membranes, the presence of limping, stuttering, squinting, rash, shyness, overaggressiveness or any other unusual behavior. Whenever teachers observe any of these conditions, they should refer the student for further examination and proper attention. Channels of referral will vary in different schools and communities.[26]

Screening tests

"In addition to everyday observation, the classroom teacher should also be prepared to give screening tests for vision and hearing and to supervise the weighing and measuring of children."[27] She should also appraise the children's food habits and "screen" for dental defects.

All new pupils should have vision and hearing tests. "Vision tests should be made annually in elementary and secondary schools. Hearing tests should be given every year in elementary schools, every two years in high schools, preferably with an audiometer. Teachers, nurses, or technicians with special training, where available, should give such individual audiometer tests as are indicated in the follow-up of group screening tests."[28]

Children should have weight recorded every month and height recorded at least twice during each school year in order to detect slowing or cessation of growth, which may indicate need for further inquiry into the child's health status. "Regular weighing and measuring is an extremely useful educational device for interesting children in in their own health and growth . . ."[29]

Classroom teachers may render further services to pupils through group instruction and individual counseling when they know what their eating habits are. One devise for determining what children eat has been developed in Louisiana and may be secured from the State Department of Education. The devise is entitled, "Appraising Food Habits." It should be used at the beginning of the school term to discover the "strengths

[24] *Ibid*, Page 25
[25] *Ibid*, Page 25
[26] *Ibid*
[27] *Ibid*, Page 26
[28] *Ibid*, Page 27
[29] *Ibid*

and weaknesses" of children's food habits, thus pointing to nutritional education "needs." It should be used at the end of the school term (or at other appropriate intervals) for the purpose of evaluating changes in food habits. This is a screening devise which resulted from an experimental program in nutrition education.

Teachers should be prepared to inspect a child's mouth and systematically record any evidences of obvious caries, dirty teeth, crooked or missing teeth as well as inflamed and bleeding gums. Both teachers and children must be guided to understand that her inspection is merely a screening procedure and not a diagnostic one. Screening for dental defects has a real educational value for both the teacher and the pupil for it has frequently motivated them to seek proper dental care.

Medical and other special examinations

All special screening tests and referral as a result of teacher observation or nurse judgment should finally lead into adequate medical examination. Aided by all resources of modern medicine, including consultant services, it is the physician who must finally determine the specific health needs of the individual child. Experience has demonstrated that medical examinations are most fruitful when the student has been specifically referred to the physician because parent, teacher or nurse *suspected* the need for medical attention.[30]

Such examinations should always take precedence over routine examinations.

Every school and school system should have its own school medical advisers whom the school can consult on all matters relating to the health of students and staff.

Every effort should be made by the school to have special and periodic examinations performed by the student's own physician.

In order that the medical examination may be truly helpful and yield the benefits inherent in it, the following are necessary: "(1) Sufficient time for the physician to make a reasonably thorough health appraisal of the student; (2) Sufficient privacy to permit the disrobing necessary for an adequate examination; (3) The presence of parents at the examination of students too young to assume responsibility for their own health care."[31] It is desirable to have parents present in order that they may have the benefit of the physician's immediate recommendations concerning the health needs of the child.

All pupils should have a medical examination prior to their entrance to a school. Pupils who have serious defects or abnormalities or who have suffered from serious or repeated illnesses, or who engage in vigorous athletic programs require more frequent examinations. The physician is the best judge of the need for repeated examinations and of the frequency with which they should be given. The quality of medical procedures and judgment should not be sacrificed to a desire for frequent and complete coverage of the entire school.

Medical examinations must be sufficiently thorough and comprehensive to: (1) command medical respect; (2) inform and guide school personnel in the proper counseling of the student; (3) provide a desirable personalized educational experience.[32]

Psychological examinations

Psychological examinations, administered and interpreted by an individual competent and thoroughly trained in psychology, are often helpful in evaluating the total health and personality pattern of students. They are essential for the proper adjustment of programs of students who suffer from mental handicaps or from emotional difficulties of such severity as to retard their progress in school work or their adjustment to school life. Individual psychological tests should be given to students whenever it appears that the results of such tests will help school personnel in aiding the student with his mental health adjustment.

[30] *Ibid*, Page 28

[31] *Ibid*

[32] *Ibid*, Page 29

Interpreting Health Needs to Students, Parents and Teachers

The status of the health of the student having been ascertained and recorded, it is essential that his specific health needs be recognized and met. This requires proper interpretation of the need to students themselves and their parents; to teachers and school administrators; and sometimes to the community itself.

As an integral part of all health services in schools, specific opportunity should be found to inform each student of the meaning of his health record. The interpretation should be presented in such a way that it will aid the student in knowing when he needs medical care.

Parents should be acquainted with the health needs of their children. Whenever necessary, parents should be invited to come to the school at a *stated time* to discuss their child's health needs with the school medical adviser, nurse, teacher, or other qualified health service personnel. Such conferences should be considered part of the normal working load of the school staff and time for them budgeted. If the parents do not come to the school, the nurse or a teacher should communicate with or visit them to interpret the child's *urgent* health needs.[33]

Teacher-nurse conferences should be regularly scheduled.

Meeting Health Needs Through Community Resources

"A school may properly insist that all community resources be made available to meet the health needs of the students in the school."[34] Full provision should be made for two-way exchange of pertinent information between the school and the cooperating community agencies.

"The school should assume whatever community leadership is necessary in developing resources to meet the needs of all children."[35] If the comumnity's local resources are inadequate to meet the demonstrated needs, it may seek help from parish or state agencies. Emphasis should be placed on building up community resources and recognizing health maintenance as primarily a local responsibility.

Dental Health

The objectives of the dental program should include the following interrelated phases: (1) Educational procedures that will develop an appreciation of good oral health; (2) The prevention of dental caries and other forms of oral disease that may cause the loss of teeth; (3) Sponsoring, so far as possible, corrective programs that will make available services for all children.

Education services

Programs of dental health education should be instituted with the objectives of: (a) motivating students to go regularly to their dentist or to a dental clinic for required dental services; (b) instructing students of the importance of nutrition in the health of the oral structures; (c) developing an esthetic response to oral cleanliness.

Preventive services

Schools should be encouraged to grasp every opportunity to promote programs for the topical applications of 2 per cent solutions of sodium fluoride to teeth of all 7, 10 and 13 year old children.

Sponsoring programs for correction of dental defects

A major effort should be made to organize programs for the benefit of all children which include provision of dental care regardless of ability to pay for such care and regardless of attitude toward seeking such care.

[33] *Ibid*
[34] *Ibid*, Page 30
[35] *Ibid*

HEALTH ASPECTS OF PHYSICAL EDUCATION

Physical education contributes much to the health of children but to assure the greatest values from such activities certain precautions and protective measures must be adopted and followed.

Health Appraisal and Physical Education

To achieve the best results from a physical education program, the teacher should have a thorough knowledge of the health status of his students. For the study of each student, medical examination records, teacher observation records, psychological, emotional, and personality test records should be used. Conferences with parents, teachers, physicians, dentists, nurses, and community agencies are recommended as sources of further information for better understanding of students.

The results of physical fitness tests which are measures of strength, speed, motor ability, endurance and skill should be administered and used in developing the program.

Day by day appraisal of the health condition of students should govern their daily participation.

The degree of participation of students following illness or accident should be governed by medical advice. This is especially important for those participating in the interscholastic athletic program.

Modified programs for exceptional children should be conducted only under medical supervision.

To safeguard the health of students in an interscholastic athletic program, medical examinations should be given to such students before each season of participation and periodic checks should be made also during the season.

The Physical Education Environment

Physical education should be conducted out-of-doors whenever weather conditions permit.

Facilities for carrying on the physical education program should be provided so that the children's needs may be met regardless of weather conditions.

Playground apparatus of the jungle gym, overhead ladder, horizontal bar, and parallel bar type should be provided in preference to swings, slides, and teeter totters.

Organization plans and facilities should make it possible for each boy and girl in the high-school classes in physical education to have a shower following the activity period.

The school should provide a clean towel for use by each student after participation in physical education class, athletic contest, or similar activity.

Students should be helped to discover the importance of clean and attractive uniforms for the physical education period. Teachers and coaches should wear neat and appropriate attire.

The Physical Education Program of Activities

The teaching methods used in physical education should be such as to promote the mental and emotional as well as the physical aspects of health.

The teacher should be guided by the idea that physical education is first of all a way to promote health and every effort should be made by the teacher to help the child understand the relationship of the physical education program to the over-all objective of health.

The physical education activity program should be made up primarily of activities of a vigorous nature since properly selected vigorous exercise contributes directly to the development of endurance and strength, which are factors in dynamic health.

"All children should be enrolled in physical education classes; those who by reason of illness or disability are unable to participate in the more vigorous forms of activity should be assigned to modified activity or to rest, but with full credit in any case."[36]

The elementary school program should include activities which contribute to the development of organic vigor and efficient body movement, emphasizing the fundamental skills of walking, running, climbing, throwing and other eye-hand coordinations. Among those activities should be rhythmics, games and relays, aquatics, stunts and self-testing activities, camping and outings, free play and supervised play, and special conditioning or developmental exercises as needed.

The secondary school program should include activities which contribute to further development and maintenance of increased physical endurance. Opportunity should be provided also for the development of skills useful in out-of-school recreation both now and in adult life.

The secondary school program of activities should include athletic games and individual sports, rhythmics, aquatics, track and field, tumbling and other self-testing activities, combatives (boys), special developmental or corrective activities as needed, camping and outing activities. "Physical education class periods should be utilized for the teaching of skills, attitudes and understandings in the program of activities."[37]

Scheduling in Physical Education

In general, boys and girls should be scheduled for physical education by respective sexes after the third or fourth year in school.

Co-recreation is needed and desirable at all age levels. Boys and girls should be enocuraged to participate in activities suitable for co-recreation such as dances, games, swimming, golf, tennis, and bowling.

Physical education classes should be scheduled in such a manner as to provide a break in the sedentary routine of the more academic subjects of reading, arithmetic, and spelling. Sufficient flexibility should be permitted in scheduling, to allow the individual teacher to adjust the physical education period to the needs of the students.

Pupils in the elementary grades should be scheduled for *participation daily* in the *guided* program of physical education activities. This period should be not less than 30 minutes in length.

Where space and equipment are limited, classes in physical education should be scheduled at separate times to allow for maximum use of same.

For purposes of motivating interest, activities offered in the phyical education program should be scheduled on a seasonal basis in the upper elementary grades. This is particularly applicable to football, basketball, and baseball type games.

Interschool athletic contests on a highly competitive basis are not recommended for elementary school children, and school championships on the elementary school level should be discouraged.

[36] *School Health Policies*, Page 33

[37] *Ibid*, Page 34

Play days planned for the purpose of bringing together pupils in different elementary schools in a variety of activities of socialized participation should be encouraged when properly supervised.

Children should be classified and grouped according to size and ability within the physical education class.

High school boys and girls should be segregated in physical education classes (except for units in dance, etc.) and scheduled for daily periods of not less than 50 minutes under instructors of their own sex.

In the scheduling of interscholastic athletic contests at the high school level, the following policies should serve as guides:

a. No more than ten games should be played in football during any one season.

b. No more than one interscholastic basketball game should be played per week, with the exception that when a team is entered in tournament play this policy is waived. In tournament play, no team should be scheduled to play in more than the equivalent of two regulation games on any one day. The number of tournaments a team plays in during the season should not exceed three, exclusive of the state tournaments. The basketball season should terminate before April 1 if the school is participating in track and field and/or baseball.

c. Interscholastic contests s h o u l d be scheduled in the afternon after regular classes have terminated or on Friday or Saturday nights. The practice of scheduling athletic contests at night other than on a Friday or Saturday is not in the best interest of the students.

d. Athletic contests between s c h o o l s should be confined to small geographic areas (approximately 50-75 miles).

e. Practice sessions in interscholastic sports for boys should not be in excess of two hours.

f. The maximum total number of practice periods plus games per player in girls' basketball in any one week should not exceed five.

g. The total number of girls' basketball games played by a team in one season should not exceed ten exclusive of tournaments.

h. Girls should not compete in more than one scholastic sport per season.

"In the absence of accurate scientific data on the subject, girls should not be required to participate in vigorous activity during the early part of the menstrual period."[38]

No athletic contests should be participated in until students are well drilled in fundamentals and are in good physical condition.

The Teacher of Physical Education

The teacher of physical education should be a well-adjusted person and should have particular training in body mechanics, first aid, safety precautions in activities, physiology of exercise, child growth and age characteristics, including emotional development, as well as training in the teaching of various activities of the physical education program. This training is as essential for the classroom teacher in the elementary school who teaches physical education along with his or her other duties as it is for the teacher of physical education at the high-school level.

The teacher of physical education should have the ability to enjoy and exhibit enthusiasm for the physical education period along with the boys and girls.

The coach of the interscholastic activities, if not employed as a physical education teacher, should be a regular member of the school staff, and should be qualified by training as thoroughly as the teacher of physical education activities.

[38] *Ibid*, Page 33

CARE AND EDUCATION OF THE EXCEPTIONAL CHILD

Children should be considered exceptional whose physical and mental abilities or disabilities require attention other than that given to most other children.

Every program of health and physicaal education should include adequate provisions for finding exceptional children, using all available resources for adequate diagnosis and correction and adapting and extending the school program to meet their needs.

Finding the Exceptional Children

Through every available means, an educational program for parents, teachers, and others in the child's environment should be initiated to help them recognize, understand, and accept the deviate. Any false ideas which they may have about the cause should be dispelled by honest, frank and unemotional handling of the problem.

It is accepted that early recognition of exceptional children has special value. Some ways of finding these children include studying school-census registration, reports of school medical examinations or psychological tests, and through day-by-day observations and screening test made by classroom teachers. Obvious conditions may be found through reports from parents, family physician, visiting teacher, welfare worker, public health nurse and others closely associated with children in schools and homes. Locating the exceptional child should be a part of every school health program.

Diagnosis, Treatment, and Care

There should be coordination among the agencies responsible for the diagnosis, treatment, care, and education of the exceptional child in counseling with parents about the use of available resources to help them and their children. The final determination of the nature and extent of the deviation is the responsibility of the medical advisor or the psychologist, treatment and care, where it is indicated, should precede or parallel special education.

Social Adjustment

Any marked difference in a child frequently causes serious personality handicaps which in turn cause great unhappiness to the child and also fosters conflict and maladjustment in the lives of those with whom he is associated. These personality difficulties frequently become a greater handicap than the actual one—the individual's attitude toward his handicap being the determining factor. The ultimate aim of any program for exceptional children should be to develop in each individual a positive attitude toward building his life in terms of the capacities which are his. He should be reasonably protected from feelings of incompetency or of being too different.

Special Education

Special education should be provided for every educable child who cannot progress adequately and safely according to his assets and limitations with the regular classroom group. Those children for whom public-school special education is usually recommended are the gifted, emotionally and socially maladjusted, mentally handicapped, partially sighted, hard-of-hearing, speech defective, orthopedically handicapped (crip-

pled), cardiac, epileptic, post-encephalitic, and those with seriously lowered vitality due to any cause.

The exceptional child should be given every opportunity possible to come in contact with his age group and encouraged to play with other children (in activities which are safe for him). He needs to be accepted and to have a feeling of group adequacy. Satisfactory participation with other children will help to build in him a reserve of emotional balance that will fortify him in unpleasant experiences of inadequacy, teasing, staring, or unkind remarks.

The exceptional child should be accepted in school as a normal child in all respects except his special limitations or assets, and should be given special help only when it is needed.

The school administrator should determine the amount and kinds of special education only after consulting the medical adviser, psychologist and teacher.

Special education in public schools should be provided in four ways: (1) adapting the regular classroom program to meet the child's special education needs, (2) special classes, (3) teaching service to home-bound children, and (4) to hospitalized children.

Adapting the Regular Classroom Program to Meet the Needs of the Exceptional Child

Special provisions should be made to meet the needs of the exceptional child within the regular classroom. Assignment to special classes is advisably only if the child cannot be safely and adequately educated with his age group. Emphasis should be placed on putting into practice the theory of individual differences in the rate of mental, social, and physical development rather than on the usual policies of grade placement and promotion. Intra-school planning for departmental coordination is essential to provide special services in nutrition, speech correction, physical education, music, and lip reading for individual children.

The following provisions are among those that may be made so that exceptional children may continue in regular classes: (1) specially constructed chairs and desks; (2) appropriate seating arrangements; (3) scheduling of classes on one floor; (4) rest periods; (5) limitation of class enrollment; (6) half-day sessions; (7) transportation; (8) special equipment and technical aids; (9) special instructional materials; and (10) improved lighting.[39]

Special Classes

Assignments to special classes should be made only when the child cannot be educated safely and adequately within his capacities in the regular classroom. Individual study and testing of the pupil should precede placement and period retesting is necessary as a basic for guidance. A child with multiple handicaps should be assigned to special classes on the basis of his major educational handicap and he should join with those in normal classes in school activities wherever possible.

In special classes, the pupil-teacher ratio should be much lower than that in regular classes, depending on the type of disability, the adjustment, and the range of age and achievemnet. Special classes require teachers with good basic preparation and experience with normal children as well as special preparation for understanding and teaching the exceptional child.[40] State certification requirements should be met.

Crippled Children's Classes

Crippled children should be taught in a special class or special school only when it is necessary to protect their health and to insure educational opportunities in keeping with their capacities. Since the crippled child's greatest deviation is in his physical disabilities, he should be under the care of a physician. The class organization should be so flexible that the education program can

[39] *School Health Policies*, Page 37
[40] *Ibid*, Page 38

be readily adjusted to the health program necessary to bring these children to as near normal physical functioning as possible.

Teamwork in the care and education of crippled children cannot be overemphasized. The doctor, the parent, teacher, nurse, nutritionists, dentist, physical therapist, psychiatrist, psychologist, brace and appliance men, the vocational rehabilitation counselors—all can contribute more effectively to the crippled child's progress and adjustment by a more complete understanding of the recommendations and ideas of the others. As far as the physical condition of the child allows, the special class should be considered a transition assignment and should prepare him for adjustment to his regular group. Even though this transition period may be several years, this viewpoint should be adhered to and implemented.

Sight-Saving Classes

Children with a corrected vision of 20/70 and 20/200 in the better eye should be referred to a physician who in turn should determine whether they should be assigned to a sight-saving class. Such classes should be held in rooms which meet standards set up by the National Society for the Prevention of Blindness.[41]

Hard-of-Hearing Classes

Extremely hard-of-hearing children should have access to a classroom equipped with auditory aids and should be given speech and hearing training. Such training should include lip reading for children with approximately 20 to 40 decibel loss. Lip reading teachers should be employed whenever possible.

Speech Correction

All children whose speech calls attention to them adversely in their local environment should have speech correction services. Since speech is so often associated with other handicapping conditions, a thorough medical examination is necessary before speech therapy is begun.

Children with serious speech defects such as cleft palate, cerebral palsy and aphasia should be enrolled in classes (or summer short courses when practical) during the regular school year, which are taught by a speech clinician who qualifies for membership in the American Speech and Hearing Association.

The speech clinician should devote at least twenty per cent of his time to conferences with parents, physicians, dentists, agencies and teachers, for their cooperation is essential to the success of his therapy. His caseload should be not less than 70 nor more than 100 children.

Deaf and Blind

Deaf and blind children should be enrolled in classes or schools which provide education adapted to their limitations.

Epileptics

Most epileptics may attend regular school. Wherever education is recommended, parents, teachers, classmates, and other associates should be prepared in advance to understand the epileptic's problem.

Gifted Children

A planned program for finding gifted children should be initiated. The importance of this group to national welfare should be recognized and every effort made to provide an environment in which they may develop their special abilities and talents. It is recommended that gifted children be educated in regular classrooms. It is felt that their optimum social growth can be better insured this way. Through skillful classroom management and by the use of supplementary materials and experiences, the resourceful teacher may provide for variations in age and ability.

[41] Hathaway, Winifred, *Education and Health of the Partially Seeing Child*, Columbia University Press, New York, 1943, Pages 13, 183-187

Classes for Slow Learners and Mentally Handicapped

In general, children with I.Q.'s between approximately 70 and 90 "slow learners" should be enrolled in regular classes. Special classes should be provided for children with I.Q.'s between approximately 50 and 70.[42] The mentally handicapped child should be given tests for intelligence, aptitude, interest, and emotional adjustments before being enrolled in a special class. His case should be reviewed at specified intervals and placement changes made as indicated.

Teaching of Home-Bound Children

Upon the recommendation of the physician, any mentally educable child confined to his home by temporary or permanent illness should be taught at home. The teacher should be qualified to teach at the child's grade level and should also have an understanding of the limitations imposed upon him by his illness.

The home-bound child should be kept in close touch with other children, especially his own age group. Communities should provide for his education just as they do for children who are able to go to school.

[42] *School Health Policies*, Page 38

Hospital Classes

Hospital teaching has proven to be an excellent contribution toward improving or maintaining the hospitalized child's health. Wherever children are hospitalized for long periods of time, hospital teaching should be provided upon the advice of the physician. The teachers of hospital classes should be employed through the local department of education and under the supervision of the local school supervisor, but should accept the responsibility of being the educational link between the hospitalized child and his own parish supervisor and teacher. If home teaching is indicated, referral should be made by the hospital class teacher to the superintendent of the child's home parish and to the consultant for exceptional children in the State Department of Education.

Local schools should keep in touch with the child who is hospitalized for long periods, request education services for him if the medical authorities recommend schooling, and take the initiative in planning for his education at home or school upon his return.

QUALIFICATIONS OF SCHOOL HEALTH PERSONNEL

"The application of sound school health policies and operation of a successful school health program obviously requires personnel well prepared for their tasks and well qualified to help solve the day-by-day problems arising out of continuing and changing health needs."[43]

Specialized Health Personnel

The minimum requirements for specialized health personnel are embodied in licensing and certification requirements. Certain national organizations have prepared recommendations as to educational qualifications for various classes of health personnel. The qualifications recommended by the Committee on Professional Education of the American Public Health Association for public health physicians, dentists, nutritionists, and health educators, and those recommended by the National Organization for Public Health Nursing for public health nurses and nurses in schools, have been adopted for use in Louisiana. Psychologists, psychiatrists, medical and psychiatric social workers should meet the standards set by their professional organizations.[44]

Pre-Service Education of Teachers

"Because the teacher has such an important role in the school health program, teacher colleges and other institutions preparing teachers need extensive programs of health education. The properly prepared teacher should be a healthy individual with accurate, up-to-date information about health and the principles of healthful living. She should also be prepared to assume the many responsibilities for the health of her students which the operation of a sound school health program has been shown to require. The specific objectives of teacher-education for health education and suggestions for the content of courses may be inferred from the previous sections of this report."

"Adequate health service programs must be organized in all colleges and institutions preparing teachers. Provisions should be made for periodic medical examinations, effective health counseling, and suitable facilities and personnel for infirmary care. Every institution preparing teachers should have the services of a physician and a nurse, one of whom should be full-time, and one or more properly qualified health educators. All students should enjoy living conditions which provide proper safeguards for health and mental efficiency and which encourage desirable standards of living."

"Courses in personal and community health should be required for all prospective teachers. These courses, which are directed primarily toward helping the prospective teacher maintain or improve her own health and augment her understanding and appreciation of personal and community hygiene, should be supplemented by a course or courses that will inculcate the attitudes, knowledge and skills required in carrying out her responsibilities in a modern school health program."[45]

Such courses should prepare prospective teachers:

1. to understand the growth and developmental characteristics of children at different ages;
2. to become proficient in such procedures as weighing, measuring, appraisal food habits, performing screening tests of vision, hearing and speech;
3. to be able to recognize dental health needs and other signs and symptoms

[43] *School Health Policies*, Page 39
[44] *Ibid*, Page 38
[45] *Ibid*, Page 40

of deviation beyond the normal range of physical, mental, and emotional health;

4. to become acquainted with techniques of health counseling, as they involve specialized health personnel and parents;
5. to learn how to plan for meaningful experiences for children of all age levels as a part of the health instruction program;
6. to become familiar with the total school health program, especially the activities and responsibilities belong to the *School Health Committee.*

Every effort should be made to provide experiences for all pre-service teachers, regardless of their collegiate major, to actively participate in school health programs. This should be a carefully supervised phase of their practice teaching.

In-Service Education of Teachers and Other Health Personnel

The in-service education of teachers and other health personnel should be based upon their pre-service experiences. When pre-service experiences can be provided in accordance with the above stated policies, there will be greater opportunity to develop more effective health programs and supervisors will be able to work more effectively with local leaders.

Teachers and other health workers should have the advantages of working with "specialists" from the fields of education, medicine, dentistry, nursing, psychology, sanitation and whatever resource personnel may be needed to solve local health problems.

The purposes of in-service education of teachers and specialized health personnel should be: (1) to bring together the different professional groups engaged in school health activities to promote better working relationships through mutual understanding of existing health needs and problems; (2) to keep teachers and health personnel informed of new developments and procedures[46] recommended to help meet these needs and to solve these problems; (3) to provide ways by which each group will recognize and accept their responsibilities for contributing their specialized services to the improvement of child health (one way is through the organization and the activities of a *School Health* Committee); and, (4) to develop leadership through whatever means are available and if necessary special efforts should be made to provide post-graduate fellowships to those who seek further study. Local school and public health administrators and supervisors should (take the initiative) arrange for workshops, extension classes, study groups and conferences which would make it possible for state supervisors and other specialist in the fields of health and nutrition to work with teachers and other health personnel throughout the school year as well as during summer months.

Every health education leader should become acquainted with both *local and state resource persons* and the functions of the agencies they represent. For example, every superintendent and every local health unit director should know and work with the health and physical education teacher, the home economics teacher, the agriculture teacher, the home demonstration agent, the public health nurse, welfare workers, supervisors of school lunch program, public health nutritionists, the sanitarian, the leaders of civic and religious groups.

Every local leader concerned with the health of children should know and work with the state superintendent of education, the state health officer, the commissioner of public welfare, the director of the state hospital board, and the directors of any other official agency, department, or society which may render health services to children.

Local school administrators and health department personnel should provide adequate libraries, teaching aids, equipment, and other facilities for a continuing in-service program of their staffs.

[46] *Ibid,* Page 41

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